

777 "B" STREET, HAYWARD CA 94541-5007
(510) 583-4140 FAX (510) 583-3642

Application No.	Date Received
	Office Use Only - Processed By

Date of Application	Job Address & Unit Number(s)	Original Copy Mailed to You? Yes No			
Description of Work					
Permit Fee (Use Fee Sheet)		Value			
Owner's Name		Mailing Address (Street, City, Zip)	Telephone #		
Contractor's Name		Mailing Address (Street, City, Zip)	Telephone #		
Contractor's License #		City Business License #	Fax #		
Type of Card	Credit Card Information		Card Number		
Visa	Authorized Person to Use Card		Expiration Date		
Mastercard					
ELECTRICAL	No.	BUILDING	No.	MECHANICAL	No.
NEW CIRCUITS: Fees listed below include all appliances, fixtures and wiring. Fees do not include services, additional meters, industrial or commercial motors & transformers.		RE-ROOF PERMITS (See Fee Schedule)		A/C EQUIP TO 100,000 BTU	
		TYPE OF ROOF		A/C EQUIP TO 1,000,000 BTU	
		NO. OF SQUARES		A/C EQUIP TO 1,750,000 BTU	
		TERMITE PERMIT: Fee determined by termite report estimates (See Valuation Sheet)		A/C EQUIP OVER 1,750,000 BTU	
				CONDENSATE DRAIN SYS EA	
				FURNACE TO 100,000 BTU	
1 TO 20 AMP CIRCUIT		PLUMBING	No.	FURNACE OVER 100,000 BTU	
30 AMP CIRCUIT				GAS PIPING RES. (REP/INST/ALT)	
40 AMP CIRCUIT				GAS VENTS	
50AMP CIRCUIT				HEAT / AIR COND. UNIT	
70 AMP CIRCUIT				HOT & STEAM HEATING SYS	
100 AMP CIRCUIT				HEAT PUMPS	
101 TO 200 AMP CIRCUIT				KITCHEN, BATH, VENT SYS.	
201 TO 300 AMP CIRCUIT				RADS, CON, HTPNLS, FAN, COIL	
301 TO 400 AMP CIRCUIT				RANGE HOODS RES.	
POWER POLE		GAS TEST		REG, DIFF, GRILL, (INC DUCT)	
Additional Outlets to Existing Circuits		GAS RANGE RES.		RANGE, OVEN, DRYER RES.	
LIGHT FIXTURES		LAVATORY		SOLAR HEAT SYSTEM	
OUTLETS TO		LAUNDRY TRAY			
SWITCHES ON		SHOWER			
MULTI-OUTLETS		SINK: BAR KITCHEN SERVICE			
RECEPTACLES		URINAL			
SERVICES: Services or service changes include one meter service 600 volts or less.		VENT PIPING ALT./REPLACE			
ELECTRICAL SERVICE - 1ST 100 AMP		WATER HEATER (GAS/ELEC./VENT)			
ADD 100 AMP OR FRACTION		WATER CLOSET			
MAX. FOR ANY ONE SERVICE		WATER PIPING RES. (ALT./INST./REPL.)			
		WASHING MACHINE			

☐ I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the City to enter upon the above-mentioned property for inspection purposes

Signature of Applicant or Agent	Date
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Agent For:

☐ Contractor☐ Owner

Agent's Name (print)

Agent's Address